the annual limitation on incurred expenses as if such services were paid under section 1834(k)(1)(b) of the Act.

- (2) For purposes of applying the limitation, outpatient physical therapy includes:
- (i) Except as provided in paragraph (e)(3) of this section, outpatient physical therapy services furnished under this section:
- (ii) Except as provided in paragraph (e)(3) of this section outpatient speech-language pathology services furnished under §410.62;
- (iii) Outpatient physical therapy and speech-language pathology services furnished by a comprehensive outpatient rehabilitation facility;
- (iv) Outpatient physical therapy and speech-language pathology services furnished by a physician or incident to a physician's service;
- (v) Outpatient physical therapy and speech-language pathology services furnished by a nurse practitioner, clinical nurse specialist, or physician assistant or incident to their services; and
- (vi) Outpatient physical therapy and speech-language pathology services furnished by a CAH directly or under arrangements.
- (3) For purposes of applying the limitation, outpatient physical therapy excludes services furnished by a hospital directly or under arrangements.

[63 FR 58906, Nov. 2, 1998, as amended at 67 FR 80041, Dec. 31, 2002; 69 FR 66422, Nov. 15, 2004; 72 FR 66399, Nov. 27, 2007; 77 FR 69363, Nov. 16, 2012; 78 FR 74811, Dec. 10, 2013; 79 FR 68002, Nov. 13, 2014]

§ 410.61 Plan of treatment requirements for outpatient rehabilitation services.

- (a) Basic requirement. Outpatient rehabilitation services (including services furnished by a qualified physical or occupational therapist in private practice), must be furnished under a written plan of treatment that meets the requirements of paragraphs (b) through (e) of this section.
- (b) Establishment of the plan. The plan is established before treatment is begun by one of the following:
 - (1) A physician.
- (2) A physical therapist who furnishes the physical therapy services.

- (3) A speech-language pathologist who furnishes the speech-language pathology services.
- (4) An occupational therapist who furnishes the occupational therapy services
- (5) A nurse practitioner, a clinical nurse specialist, or a physician assistant.
- (c) Content of the plan. The plan prescribes the type, amount, frequency, and duration of the physical therapy, occupational therapy, or speech-language pathology services to be furnished to the individual, and indicates the diagnosis and anticipated goals that are consistent with the patient function reporting on claims for services
- (d) Changes in the plan. Any changes in the plan—
- (1) Are made in writing and signed by one of the following:
 - (i) The physician.
- (ii) The physical therapist who furnishes the physical therapy services.
- (iii) The occupational therapist that furnishes the occupational therapy services.
- (iv) The speech-language pathologist who furnishes the speech-language pathology services.
- (v) A registered professional nurse or a staff physician, in accordance with oral orders from the physician, physical therapist, occupational therapist, or speech-language pathologist who furnishes the services.
- (vi) A nurse practitioner, a clinical nurse specialist, or a physician assistant.
- (2) The changes are incorporated in the plan immediately.

[53 FR 6638, Mar. 2, 1988; 53 FR 12945, Apr. 20, 1988, as amended at 54 FR 38680, Sept. 20, 1989; 54 FR 46614, Nov. 6, 1989. Redesignated at 56 FR 8854, Mar. 1, 1991; 56 FR 23022, May 20, 1991; 63 FR 58907, Nov. 2, 1998; 67 FR 80040, Dec. 31, 2002; 72 FR 66399, Nov. 27, 2007; 77 FR 69363, Nov. 16, 2012]

§ 410.62 Outpatient speech-language pathology services: Conditions and exclusions.

(a) Basic rule. Except as specified in paragraph (a)(3)(ii) of this section, Medicare Part B pays for outpatient speech-language pathology services only if they are furnished by an individual who meets the qualifications for

§410.63

a speech-language pathologist in §484.4 of this chapter and only under the following conditions:

- (1) They are furnished to a beneficiary while he or she is under the care of a physician who is a doctor of medicine or osteopathy.
- (2) They are furnished under a written plan of treatment that meets the requirements of §410.61.
- (3) They are furnished by one of the following:
- (i) A provider as defined in §489.2 of this chapter, or by others under arrangements with, and under the supervision of, a provider.
- (ii) A speech-language pathologist in private practice as described in paragraph (c) of this section.
- (iii) Incident to the service of, a physician, physician assistant, clinical nurse specialist, or nurse practitioner when those professionals may perform $speech\mbox{-language} \quad pathology \quad services$ under State law. When a speech-language pathology service is provided incident to the services of a physician, physician assistant, clinical nurse specialist, or nurse practitioner, by anyone other than a physician, physician assistant, clinical nurse specialist, or nurse practitioner, the service and the person who furnishes the service must meet the standards and conditions that apply to speech-language pathology and speech-language pathologists, except that a license to practice speechlanguage pathology services in the State is not required.
- (4) Claims submitted for furnished services contain prescribed information on patient functional limitations.
- (b) Condition for coverage of outpatient speech-language pathology services furnished to certain inpatients of a hospital or a CAH or SNF. Medicare Part B pays for outpatient speech-language pathology services furnished to an inpatient of a hospital, CAH, or SNF who requires the services but has exhausted or is otherwise ineligible for benefit days under Medicare Part A.
- (c) Special provisions for services furnished by speech-language pathologists in private practice—(1) Basic qualifications. In order to qualify under Medicare as a supplier of outpatient speech-language pathology services, each individual speech-language pathologist in private

practice must meet the following requirements:

- (i) Be legally authorized (if applicable, licensed, certified, or registered) to engage in the private practice of speech-language pathology by the State in which he or she practices, and practice only within the scope of his or her license and/or certification.
- (ii) Engage in the private practice of speech-language pathology on a regular basis as an individual, in one of the following practice types: a solo practice, partnership, or group practice; or as an employee of one of these.
- (iii) Bill Medicare only for services furnished in one of the following:
- (A) A speech-language pathologist's private practice office space that meets all of the following:
- (1) The location(s) where the practice is operated, in the State(s) where the therapist (and practice, if applicable) is legally authorized to furnish services and during the hours that the therapist engages in practice at that location.
- (2) The space must be owned, leased, or rented by the practice, and used for the exclusive purpose of operating the practice.
- (B) A patient's home not including any institution that is a hospital, a CAH or a SNF
- (iv) Treat individuals who are patients of the practice and for whom the practice collects fees for the services furnished.
- (d) Excluded services. No service is included as an outpatient speech-language pathology service if it is not included as an inpatient hospital service if furnished to a hospital or CAH inpatient
- [51 FR 41339, Nov. 14, 1986, as amended at 53 FR 6648, Mar. 2, 1988; 56 FR 8852, Mar. 1, 1991; 56 FR 23022, May 20, 1991; 58 FR 30668, May 26, 1993; 63 FR 58907, Nov. 2, 1998; 69 FR 66422, Nov. 15, 2004; 73 FR 69933, Nov. 19, 2008; 76 FR 73470, Nov. 28, 2011; 77 FR 69363, Nov. 16, 2012; 79 FR 68002, Nov. 13, 2014]

§410.63 Hepatitis B vaccine and blood clotting factors: Conditions.

Notwithstanding the exclusion from coverage of vaccines (see §405.310 of this chapter) and self-administered drugs (see §410.29), the following services are included as medical and other health services covered under §410.10, subject to the specified conditions: